

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90268 011 \*\*\*150.00

**DOCUMENT # P97000040449**

1. Entity Name

**TANYA M. SANCHEZ, P.A.**

Principal Place of Business

13919 68TH ST N.  
WEST PALM BEACH FL 33412  
US

Mailing Address

13919 68TH ST N.  
WEST PALM BEACH FL 33412  
US

2. Principal Place of Business

13621 Fox Trl

Suite, Apt. #, etc.

City & State  
Loxahatchee FL

Zip  
33470

Country  
USA

3. Mailing Address

13621 Fox Trl

Suite, Apt. #, etc.

City & State  
LOXAHATCHEE, FL

Zip  
33470

Country  
USA

906340



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0754162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, TANYA M**  
**146 PARKWOOD DR.**  
**ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13621 Fox Trl

City

Loxahatchee

FL

Zip Code

33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**SANCHEZ, TANYA M**  
**13919 68TH ST N.**  
**WEST PALM BEACH FL 33412**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**13621 Fox Trl.**  
**Loxahatchee, FL 33470**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)